

Procedure for Availing Benefits under Tibetan Medicare Scheme

1. Procedure for Availing Benefits under TMS:

- 1.1. Consult either any health care centres under the (TVHA) Department of Health or any branch clinics under Tibetan Traditional medicine (**Men-tsee-khang**) with your TMS identity card. Please note that TMS members holding the Identity card can avail for 20% discount for medicines from health care centre of DoHe & 10% discount for medicine pills from Men-tse-khang and Delek Hospital. The discount amount will not be deducted from your yearly benefit (sum insured) amount.
- 1.2. Consult settlement officers of your respective settlements and contract doctors of TMS provided, no healthcare centres of DoHe is available in your locality.
- 1.3. Only if treatment cannot be done at TVHA hospital, then the Doctor/Nurse/TMS Contract Doctor/Mentseekhang Doctor will provide a referral slip to Government/Corporate hospital depending on the disease.
- 1.4.A referral letter is mandatory from the Government/Corporate hospital in case of need for further and continuous treatment to higher Medical centre wherein the patient should be hospitalized for 24 hours or more to avail the benefit.
- 1.5. If no healthcare centres of DoHe or no contract doctor of TMS is available in your locality, you can go ahead and consult either Government or private hospitals. Please note that you are obliged to inform your respective executive secretary or settlement officer within 48 hours of your admission.
- 1.6. After discharge from the hospital, documents mentioned in no. 4 "needed documents" must be submitted to settlement officer or the executive secretary of your hospital within seven days.
- 1.7. The documents once received at the Department of Health, CTA will be considered for the final claim, and no further submission of documents will be allowed.
- 1.8. The claim will receive benefit only if the patient is hospitalized for 24 hours or more.**
- 1.9. During emergency, enrolled member can be admitted in to any nearest hospitals to save life. But you must inform the concerned enrolment officer within 48 hours of admission in that hospital.

2. Room Entitlement in Hospitals

- 2.1. The reimbursement towards room is limited to 1% of the yearly benefit (sum insured) amount, which amounts to Rs. 1000 per day of hospitalisation for Household Unit Plan and Rs. 500 per day of hospitalisation for Individual Unit Plan. These rent limits are

doubled to 2% of the yearly benefit (sum insured) amount in case of hospitalisation in ICU/CCU.

3. Death of Patient

- 3.1. TMS covers reimbursement of claimed amount for its members if unfortunate death occurs in hospital before 24 hours of hospitalization.

4. Needed Documents for Reimbursement of Medical Expenses

- 4.1. Referral slip
- 4.2. Supporting letter from Settlement Officer or Executive Secretary of your Settlement
- 4.3. Doctor's Prescription
- 4.4. Discharge Certificate or Summary (can send copy if they need it for follow up)
- 4.5. Original medical receipts and bills
- 4.6. Original receipt of advance payment
- 4.7. Claim form

5. Payment of Claim

- 5.1. Submit all your inpatient medical documents mentioned above to your TVHA health care centre or settlement office within 7 days from the discharged date and within 30 days for those who availed medical facilities outside the respective settlement. Thereafter, TVHA health centre or settlement office will forward the duly signed claim form and all the needed information/documents to the TMS Section, Department of Health.
- 5.2. On receipt of the complete set of claim documents, Department of Health will make the payment for the admissible amount, along with a settlement statement within a minimum of 30 days.

6. Discontinuation from TMS

- 6.1. TMS members who have discontinued/failed to renew their membership are prohibited from enrolling in the TMS in future.